

(Rev. 4/97)

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARERobert Hassett

Plaintiff

V.

Richard Kearney

Defendant(s)

ORIGINAL

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

- 05 - : 609

CASE NUMBER:

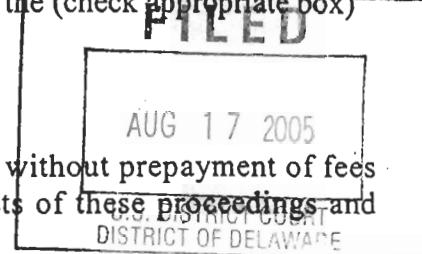
I, Robert Hassett

declare that I am the (check appropriate box)

Petitioner/Plaintiff/Movant

Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)If "Yes" state the place of your incarceration Sussex Correctional Inst.

Are you employed at the institution? Yes Do you receive any payment from the institution? Yes
Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. The ledger sheet is not required for cases filed pursuant to 28 USC §2254.

2. Are you currently employed? Yes No

- a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer: \$33.60 per month, employed by Sussex Correctional Institution.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input type="radio"/> No
e. Gifts or inheritances	<input checked="" type="radio"/> Yes	<input type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have a cash or checking or savings accounts?

Yes

No

If "Yes" state the total amount \$ 101.15

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes

No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

I declare under penalty of perjury that the above information is true and correct.

8-12-05

DATE

Robert W. Hassell

SIGNATURE OF APPLICANT

**SEE ATTACHED
SIX MONTH STATEMENT**